

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-046779

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

NOV 26 1963

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

USE BLACK INK
OR
TYPEWRITER RIBBON

| | | | |
|--|---------------------------|---|--|
| 1. PLACE OF DEATH a. COUNTY Taney | | 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE Missouri b. COUNTY Taney | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Rockaway Beach | | Length of stay in 1b years | c. CITY OR TOWN Rockaway Beach Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION home | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location) Rockaway Beach Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) EDYTH ELNORA CONOVER | | 4. DATE OF DEATH Month Nov. Day 15 Year 1963 | |
| 5. SEX F | 6. COLOR OR RACE W | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH Apr. 17, 1882 9. AGE (last birthday) 81 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired | | 10b. KIND OF BUSINESS OR INDUSTRY Court Operator | 11. BIRTHPLACE (City and state or country) Delaware, Ohio |
| 12. CITIZEN OF WHAT COUNTRY USA | | 13a. FATHER'S NAME Highland L. Dutcher | |
| 13b. MOTHER'S MAIDEN NAME Ida Lillian Manter | | 14. NAME OF HUSBAND OR WIFE deceased | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) no none | | 16. SOCIAL SECURITY NO. 47 | |
| 17. INFORMANT Mrs Edyth Conover Rockway Beach, Mo | | 18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Occlusion Conditions, if any, which gave rise to above cause (b), stating the underlying cause last. DUE TO (b) Cardiac Embolism due DUE TO (c) Arteriosclerosis - Chronic PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | |
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | |
| 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) | | 20c. TIME OF INJURY Hour 10:35 a.m. 11-15-63 Month, Day, Year | |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | |
| 20f. CITY, TOWN, OR LOCATION | | COUNTY STATE | |
| 21. I attended the deceased from 11-15-63 to 11-15-63 and last saw her alive on 11-15-63 Death occurred at 10:35 P. m. on the date stated above, and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE Mary King, D.O. | | 22b. ADDRESS Forsyth, Mo. | |
| 22c. DATE SIGNED 11-18-63 | | 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | |
| 23b. DATE Nov. 18, 1963 | | 23c. NAME OF CEMETERY OR CREMATORY Ozark Mem. Cemetery | |
| 23d. LOCATION (City, town, or county) Branson, Missouri | | (State) | |
| 24. FUNERAL DIRECTOR Walter Cobb Branson, Missouri | | 25. DATE RECD. BY LOCAL REG. 11-22-63 | |
| 26. REGISTRAR'S SIGNATURE Robert Campbell | | | |

DEC 2 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Walter Cobb

Licensed Embalmer No. 4731

P. O. Address Branan, MO

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.